



PTO/SB/21 (05-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/803,928	
	Filing Date	March 13, 2001	
	First Named Inventor	MOODIE, Justin Charles et al.	
	Art Unit	2171	
	Examiner Name	LEROUX, ETIENNE PIERRE	
Total Number of Pages in This Submission	9	Attorney Docket Number	11266/102

ENCLOSURES (check all that apply)☒ Fee Transmittal Form☐ Fee Attached☒ Amendment / Response☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing
Parts under 37 CFR
1.52 or 1.53☐ Assignment Papers
(for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)☐ After Allowance Communication to
Group☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s)
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Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual name

B. Delano Jordan, Reg. No. 43,698

Signature

Date

July 21, 2003

CERTIFICATE OF MAILING

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Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 462544_1.DOC

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>09/803,928</td> </tr> <tr> <td>Filing Date</td> <td>March 13, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>MOODIE, Justin Charles et al.</td> </tr> <tr> <td>Examiner Name</td> <td>LEROUX, ETIENNE PIERRE</td> </tr> <tr> <td>Art Unit</td> <td>2171</td> </tr> <tr> <td>Attorney Docket No.</td> <td>11266/105</td> </tr> </table>	Application Number	09/803,928	Filing Date	March 13, 2001	First Named Inventor	MOODIE, Justin Charles et al.	Examiner Name	LEROUX, ETIENNE PIERRE	Art Unit	2171	Attorney Docket No.	11266/105
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<p>RECEIVED</p> <p>JUL 24 2003</p> <p>Technology Center 2100</p>												
TOTAL AMOUNT OF PAYMENT (\$) 410														

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																		
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order <input checked="" type="checkbox"/> Deposit Account: <div style="margin-top: 10px;"> Deposit Account Number: 11-0600 Deposit Account Name: KENYON & KENYON </div> <p>The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>	<h3>3. 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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	B. Delano Jordan	Registration No. Attorney/Agent)	43,698
Signature		Telephone	202-220-4275
		Date	July 21, 2003

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